

Alaska Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
COLLECTION AGENCY/OPERATOR SECTION
 P.O. Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2695 ★ Email: license@commerce.state.ak.us
 Website: www.commerce.state.ak.us/occ/pcoa.htm

CHANGE OF OPERATOR ASSIGNMENT

Operator: Within 15 days after a change of employment (termination or transfer), you must notify the division, in writing, of that change. To keep the license active, complete this form, including the notarization, return your current license for amendment to show the new assignment, and pay the \$5 duplicate original license fee. Make check or money order payable to the State of Alaska. If you are not employed as an operator at this time, write "unassigned" in the "current assignment" area.

 Collection Agency Operator Name License # _____

 Residence Mailing Address

 City/State/ZIP Code

PREVIOUS ASSIGNMENT

 Name of Collection Agency or Branch

 Mailing Address

 City/State/ZIP Code

CURRENT ASSIGNMENT

 Name of Collection Agency or Branch

 Mailing Address

 City/State/ZIP Code

 Agency/Branch License #

 License Expiration Date

 Date Employment Ended/Changed

 Agency/Branch License #

 License Expiration Date

 Date Employment Began/Changed

☐ If applicable, I wish to keep my "previous assignment" and add the "current assignment" as shown.

I certify that the information in this document is true and correct to the best of my knowledge.

 Signature of Operator Date

SUBSCRIBED AND SWORN TO before me on
 _____ (date).

 Notary Public, State of _____
 My Commission Expires: _____